



CREATING GLOBAL HEALING, HEALTH & HOPE

# Reinstatement Form for Approved Consultant

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_

MAILING ADDRESS (not publicized) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Tel \_\_\_\_\_ Email \_\_\_\_\_

DIRECTORY ADDRESS (publicized) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Tel \_\_\_\_\_ Email \_\_\_\_\_

Website \_\_\_\_\_

## EMDRIA APPROVED CONSULTANT REINSTATEMENT REQUIREMENTS

### 1) VERIFICATION OF ACTIVE LICENSE STATUS

Attach a copy of current license to practice independently in state or province.

Mental Health Profession \_\_\_\_\_ ID# \_\_\_\_\_ State or Country Issued \_\_\_\_\_

### 2) VERIFICATION OF COMPLETION OF 12 EMDRIA CREDITS INEMDR

Attach certificates of completion of 12 hours of EMDRIA Credits (continuing education in EMDR).

**\*\*Must attach 12 EMDRIA Credits in EMDR that have taken place within the last two years from reinstatement submission date. EMDRIA Credits for this submission cannot have been used for prior submissions.\*\***

### 3) EMDRIA'S PROFESSIONAL CODE OF CONDUCT

I have read and agree to adhere to [EMDRIA's Professional Code of Conduct](#) which I understand will apply to me regardless of my EMDRIA Membership status: \_\_\_\_\_ (Please initial)

### 4) REINSTATEMENT PAYMENT: Current EMDRIA Member (\$275)\* NonMember (\$475)\* (Rates above include \$75 Late Fee)

Visa  MasterCard  Discover  Check # \_\_\_\_\_ (payable to EMDRIA)

Card # \_\_\_\_\_ Exp Date \_\_\_\_\_

3 digit CVV code \_\_\_\_\_ Name on card \_\_\_\_\_

Signature \_\_\_\_\_

**\*PLEASE NOTE:** In order to receive the Member rate, you must maintain current EMDRIA membership status during the 2 year Approved Consultant approval period. You must renew your membership in a timely manner or you will be billed the difference between the member and non member rate.